

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/208,140	12/09/98	435	1643	550743

APPLICANT

ALFRED M. DEL VECCHIO, WEST CHESTER, PA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
**VERIFIED PROVISIONAL APPLICATION NO. 60/069,208 12/11/97**

R2

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
**VERIFIED**

R2

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
**VERIFIED**

R2

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/28/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>R2</u> Examiner's Initials	Initials	PA	0	18	5

SEE CUSTOMER NUMBER: 020462

39

ADDRESS

TITLE

HEPATITIS C VIRUS NS5B TRUNCATED PROTEIN AND METHODS THEREOF TO  
IDENTIFY ANTIVIRAL COMPOUNDS

FILING FEE RECEIVED	FEE: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.18 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
\$1,046		